

POSITION	ID NO.	DATE
CLASSIFIER	91	4/17/97
EXAMINER	451	4/23/97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date		
Final	Original	07	02
1	✓	05	27
2		08	24
3		09	02
4		02	02
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10	✓	=	=
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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